MISSOURI DEPARTMENT OF REVENUE EMPLOYER'S WITHHOLDING TAX JNDERPAYMENT AMENDED RETURN	•	FORM MO-941U (REV. 11-2001)		Additional Withholding This Period	\$ \$	0 0
MO TAX ID NUMBER	FOR TAX PERIOD (CC,YY,MM)		3.	Previous Overpayments/ Credits	\$	0 0
FEIN	FILING FREQUENCY		4.	Additional Balance Due	\$	0 0
BUSINESS NAME			5.	Additions to Tax (see Instructions)	\$	0 0
OWNER'S NAME			6.	Interest (see Instructions)	\$	0 0
MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)			7.	Total Additional Amount Due (U.S. funds only)	\$	0 0
have direct control, supervision, or responsibility for filing this penalties of perjury, I declare it is a true, accurate, and complet		he tax due. Under				
AUTHORIZED SIGNATURE	DATE			OR USE ONLY	*	
MAIL REMITTANCE AND RETURN TO: Missouri Department of Revenue, P.O. Box 999, Jefferson City, Missouri 65108-0999.					*	•
MO 860-2410 (11-2001) (1895)						